

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Number of CD disks::	1
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Title:	IRF6 POLYMORPHISMS ASSOCIATED WITH CLEFT LIP AND/OR PALATE
Attorney Docket Number::	P06215US01
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	Yes
Petition included?::	No
Contract or Grant Numbers::	NIH RO1 DE13513, RO1 DE08559, RO1 ES10876 and P60 DE13076

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	BRIAN
Middle Name::	C.
Family Name::	SCHUTTE
City of Residence::	Iowa City
State or Province of Residence::	Iowa
Country of Residence::	USA
Street of mailing address::	3378 Lower West Branch Road
City of mailing address::	Iowa City
State of mailing address::	Iowa
Country of mailing address::	USA
Zip Code of mailing address::	52245

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name:: JEFFREY  
Middle Name:: C.  
Family Name:: MURRAY  
City of Residence:: Iowa City  
State or Province of Residence:: Iowa  
Country of Residence:: USA  
Street of mailing address:: 2104 Glendale Road  
City of mailing address:: Iowa City  
State of mailing address:: Iowa  
Country of mailing address:: USA  
Zip Code of mailing address:: 52245

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity

Given Name:: SHINJI  
Family Name:: KONDO  
City of Residence:: Iowa City  
State or Province of Residence:: Iowa  
Country of Residence:: USA  
Street of mailing address:: 333 Finkbine Lane  
City of mailing address:: Iowa City  
State of mailing address:: Iowa  
Country of mailing address:: USA  
Zip Code of mailing address:: 52246

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UK/England  
Status:: Full Capacity

Given Name:: MICHAEL  
Middle Name:: J.  
Family Name:: DIXON  
City of Residence:: Manchester  
Country of Residence:: England  
Street of mailing address:: Oxford Road  
City of mailing address:: Manchester  
Country of mailing address:: UK/England  
Zip Code of mailing address:: M13 9PT

#### **Correspondence Information**

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#### **Representative Information**

Representative Customer Number::	22885	
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional of	60/468,191	May 6, 2003

**Assignment Information**

Assignee name:: University of Iowa Research Foundation  
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